Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1. by (a) specifying a new correspondence address: and/or (b) indicating a concrete "EEE ADDRESS" and the current correspondence address: and/or (b) indicating a concrete "EEE ADDRESS" and the current correspondence address: and/or (b) indicating a concrete "EEE ADDRESS" and the current correspondence address and the current current current correspondence address and the current c ma

maintenance fee notifica					domestic mailings of the		
CORRENT CORRESPOND	ENCE ADDRESS (Note: Use Blo	Fee	(s) Transmittal. Thi ers. Each additiona	s certifica l paper, s	ate cannot be used fouch as an assignmen	or any other accompanying at or formal drawing, must	
324	7590 11/13/	/2008	hav hav	e its own certificate			
JoAnn Villami Ciba Corporatio 540 White Plain	n/Patent Department	\ \$\frac{1}{47}\	O 9. 2009 By State add tran	reby certify that the les Postal Service w ressed to the Mail	is Fee(s) vith suffic Stop IS	cient postage for first	deposited with the United class mail in an envelope above, or being facsimile
P.O. Box 2005 Tarrytown, NY	10591	ADEMARKOR	nna R. Ma	addal	ena	(Depositor's name)	
02/02/2009 SDIRETA		10582748	ADEM	here	R. Y	Keddele	(Signature)
<u> </u>	510.00 DA		J	anuary 29	9, 20	009	(Date)
02 APPER ATION NO. 100.00 DE ILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/582,748 06/14/2006			Barbara Wagner		HU/1-22997/A/PCT		5027
TITLE OF INVENTION	I: MEROCYANINE DEF	RIVATIVES FOR COSM	IETIC USE				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E.FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/13/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KARPINSKI, LUKE E 1616			424-045000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI  Ciba Ree	less an assignee is identity of the control of the	ified below, no assignee oletion of this form is NO Chemicals C'rame: 0091	(B) RESIDENCE: (CITY orp. Tarryt Recorded: N	atent. If an assign assignment. Y and STATE OR COWN, NY Tovember	25, 2	Y) 2008	up entity Government
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0 3 - 1 9 3 5 (enclose an extra copy of this form).				
a. Applicant clain	itus (from status indicated is SMALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no lor				
NOTE: The Issue Fee at interest as shown by the	nd Publication Fee (if requestion records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered att	orney or agent; or th	e assignee or other party in
Authorized Signature Tyler A. Stevenson			Date January 29, 2009				
Typed or printed nam	Tyler A.	Stevenson		Registration N	10	16,388	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## 'ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must OIPE have its own certificate of mailing or transmission. 11/13/2008 7590 324 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. JoAnn Villamizar FEB 0 2 2009 Ciba Corporation/Patent Department 540 White Plains Road P.O. Box 2005 (Depositor's name) Maddalena Anna R Tarrytown, NY 10591 (Signature) (Date) January 29, 2009 ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 5027 HU/1-22997/A/PCT 06/14/2006 Barbara Wagner 10/582,748 TITLE OF INVENTION: MEROCYANINE DERIVATIVES FOR COSMETIC USE **PUBLICATION FEE DUE** TOTAL FEE(S) DUE PREV. PAID ISSUE FEE DATE DUE **SMALL ENTITY ISSUE FEE DUE** APPLN. TYPE 02/13/2009 \$300 \$0 \$1810 NO \$1510 nonprovisional **EXAMINER CLASS-SUBCLASS ART UNIT** KARPINSKI, LUKE E 424-045000 1616 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Tyler A. Stevenson CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Ciba Specialty Chemicals Corp. Tarrytown, NY Reel: 021910 Frame: 0091 Recorded: November 25, 2008 Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee ☐ A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form). Advance Order - # of Copies 4 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Date January 29, 2009
Registration No. 46,388 Authorized Signature Typed or printed name

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.